

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12932

State File No. ....

FILED MAR 16 1953

BIRTH NO. ....		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 6093		Registrar's No. 60	
1. PLACE OF DEATH a. COUNTY <b>Saline</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Marshall twp.</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Marshall Township</b>			
c. LENGTH OF STAY (In this place) <b>50 years</b>				d. STREET ADDRESS (If rural, give location) <b>5 1/2 miles north of Marshall</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5 1/2 miles north of Marshall</b>				e. STREET ADDRESS <b>5 1/2 miles north of Marshall</b>			
3. NAME OF DECEASED (Type or Print) <b>Laurence Buchanan</b>		a. (First)		b. (Middle) <b>Buchanan</b>		c. (Last) <b>Edmonds Jr.</b>	
4. DATE OF DEATH <b>March 6, 1953</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>June 26, 1897</b>		9. AGE (In years last birthday) <b>55</b>		10. MONTHS <b>8</b>		11. DAYS <b>10</b>	
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm Owner</b>		13. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		14. BIRTHPLACE (City and State or Foreign Country) <b>Saline County, Mo.</b>		15. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
16. FATHER'S NAME <b>Laurence Buchanan Edmonds</b>		17. MOTHER'S MAIDEN NAME <b>Aletha Jane Lemmons</b>		18. NAME OF HUSBAND OR WIFE <b>Vera Becker Edmonds</b>		19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
20. SOCIAL SECURITY NO. <b>None</b>		21. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Vera Edmonds Marshall</b>		22. ADDRESS <b>Mo R3</b>		23. CAUSE OF DEATH	
24. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Occlusion</b>		25. ANTECEDENT CAUSES		26. DUE TO (b)		27. DUE TO (c)	
28. II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <b>Dissect Aneurysm</b>		29. DATE OF OPERATION		30. MAJOR FINDINGS OF OPERATION		31. INTERVAL BETWEEN ONSET AND DEATH <b>16 Mos</b>	
32. 19a. DATE OF OPERATION		33. 21a. ACCIDENT SUICIDE HOMICIDE (Specify)		34. 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		35. 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
36. 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		37. 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		38. 21f. HOW DID INJURY OCCUR?		39. 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
40. I hereby certify that I attended the deceased from <b>April 10, 1952</b> to <b>Nov 6, 1953</b> that I last saw the deceased alive <b>May 6, 1953</b> and that death occurred at <b>10:30 A.M.</b> , from the causes and on the date stated above.							
41. 23a. SIGNATURE <b>G. Buchanan, M.D.</b> (Degree or title)				42. 23b. ADDRESS <b>Marshall, Mo.</b>		43. 23c. DATE SIGNED <b>3/7/53</b>	
44. 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		45. 24b. DATE <b>March 10, 1953</b>		46. 24c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park Cemetery</b>		47. 24d. LOCATION (City, town, or county) (State) <b>Marshall, Missouri</b>	
48. DATE REC'D BY LOCAL REG. <b>3-7-1953</b>		49. REGISTRAR'S SIGNATURE <b>Disney Gray</b>		50. FUNERAL DIRECTOR'S SIGNATURE <b>Campbell-Lewis</b>		51. ADDRESS <b>Marshall, Mo.</b>	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4709

P. O. Address Marshall, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.